

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

766
Lobbyist Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

FOR OFFICE USE ONLY
Postmark Date: 01/20/05

Ren. 2005
✓ # 106094
\$110.00 W8

104781

1. NAME WEST PAUL S.
Last First MI

2. BUSINESSPHONE 225-383-9000
Area Code and Phone Number

3. BUSINESS ADDRESS 14TH FLOOR, ONE AMERICAN PLACE, BATON ROUGE, LA 70825
Street and No. City State Zip

MAILING ADDRESS SAME
Street and No. City State Zip

4. EMPLOYER McGLINCHEY STAFFORD, PLLC

5. EMPLOYER'S ADDRESS 14TH FLOOR, ONE AMERICAN PLACE, BATON ROUGE, LA 70825
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Treasure Chest Casino, LLC/Boyd Gaming Corporation

Address 5050 Williams Boulevard, Kenner, LA 70065

Business or purpose Gaming/Casino

Does this person pay you? Yes

If No, who pays you? _____

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Lobbyist's Registration Number

2. Name Boyd Racing, LLC (Delta Downs Racetrack and Casino)/Boyd Gaming Corporation

Address 2717 Highway 3063, Post Office Box 175, Vinton, LA 70668

Business or purpose Gaming/Casino

Does this person pay you? Yes

If No, who pays you? _____

3. Name Sam's Town Hotel and Casino/Boyd Gaming Corporation

Address 315 Clyde Fant Parkway, Shreveport, LA 71101

Business or purpose Gaming/Casino

Does this person pay you? Yes

If No, who pays you? _____

4. Name _____

Address _____


Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY